Bucklands

Performance Report

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**Commission ID:** 6935

**Provider name:** Southern Cross Care (SA, NT & VIC) Inc.

**Assessment Contact - Site date:** 20 May 2021

**Date of Performance Report:** 10 June 2021

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team assessed Requirement (3)(b) in relation to Standard 3 and have recommended this Requirement as met. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 3 Requirement (3)(b) and find Requirement (3)(b) Compliant. The reasons for the finding are detailed in the specific Requirement below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team found the service demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer.

Assessment processes assist the service to identify consumers’ high impact or high prevalence risks in line with individual goals and preferences. This is supported through validated risk assessments employed within the service, such as a Falls Risk Assessment Tool (FRAT), Psychogeriatric Assessment Scale (PAS), Cornell Depression Scale, Malnutrition Universal Screening Tool (MUST) and Waterlow and Braden scale.

Consumer files viewed showed the service identifies and manages high impact or high prevalence risks associated with the care of each consumer. This included consumers who had risks in relation to; pressure injuries and wounds, challenging behaviours, ongoing incidents of falls, diabetic care needs and malnutrition.

All consumers interviewed said their pain was well managed and consumers who receive wound care were satisfied with the management of their wounds and provision of care and services. A consumer who recently entered the service described having their high risk personal and clinical care needs identified to address their risk of falls which included administration of their time sensitive medication.

Clinical staff interviewed are aware of high impact or high prevalence risks for individual consumers and were able to describe how they manage consumers who are at risk of, or have; seizures, pressure injuries, challenging behaviours and diabetic care needs.

The service undertakes referrals to allied health staff, Medical Officers and other health and service providers to ensure high impact or high prevalence risks are effectively managed. This includes Dementia Services Australia, Dietitians, Wound Specialists and Medical Officers.

The service has organisational policies and procedures in relation to high impact or high prevalence risks, and staff were able to discuss application of relevant procedures relevant to their role.

Monitoring processes include bi-weekly and weekly meetings and daily handover sheets to identify and communicate unresolved and emerging clinical issues and risks.

Based on the information detailed above, I find Southern Cross Care (SA, NT & Vic) Inc., in relation to Bucklands, Compliant with Requirement (3)(b) in Standard 3.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Assessment Team assessed Requirement (3)(d) in relation to Standard 8 and have recommended this Requirement as met. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 8 Requirement (3)(d) and find Requirement (3)(d) Compliant. The reasons for the finding are detailed in the specific Requirement below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

The Assessment Team found the service has effective risk management systems and practices, including managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents

The organisation has a risk management framework which involves a range of meetings and forums to discuss and manage risk in addition to monthly clinical incident reporting to the Quality Team. Management are aware of the predominant high impact or high prevalence risks impacting consumers who reside in the service. Staff were able to describe strategies to reduce these risks and how risks for individual consumers are recorded using organisational documentation.

The organisation has systems to respond effectively to incidents of abuse and neglect of consumers. The service undertakes actions as informed by relevant legislative requirements. Staff undertake mandatory training to ensure they are aware of their roles and responsibilities in relation to allegations of abuse and neglect of consumers.

The organisation has systems and processes to support consumers to live the best life they can through risk reduction. Documentation identifies how the service considers risk for individual consumers and how dignity and choice are considered for consumers who wish to take risks.

The organisation has an incident management system to manage, monitor and prevent future incidents. The organisation has an electronic incident management system. This system supports the service in effectively preventing and managing incidents with incident data used to identify trends and opportunities for improvements. Staff were able to describe how they had implemented an improvement in the service following an incident involving a consumer.

Based on the information detailed above, I find Southern Cross Care (SA, NT & Vic) Inc., in relation to Bucklands, Compliant with Requirement (3)(d) in Standard 8.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.